



City of Aberdeen

SPECIAL EVENTS & ACTIVITIES APPLICATION

This form is Only a Request for Events to take place on City Property, or events that require City services.

*When form is completed, please submit to:
Aberdeen City Hall Attn: George Psihogios
60 N. Parke Street, Aberdeen, MD 21001
gpsihogios@aberdeennmd.gov
Ph. 410-272-1600*

Title of Event: _____ Date of Event: _____ Event Start Time: _____ Event End Time: _____

Set-up Date and Time: _____ / _____ Take-Down Date and Time: _____ / _____

Location of Event: _____ Description of Event: _____

Type/Purpose of Event (i.e. Community Event, Fundraiser) _____

Contact Person (on site during event): _____ Phone (cell, preferably): _____

Sponsor: _____ E-Mail: _____ Phone: _____

Mailing Address: _____

If City services are required please check the appropriate box below:

Please Note: Only those services approved prior to the event will be provided. Charges may apply.

- ☐ Traffic Control (use map provided to indicate streets affected and road closures)
- ☐ Parking – Explain needs for City support: _____
- ☐ Security: _____
- ☐ Signage (example: No Parking Signs) _____
*Event Promotion signs: posted no earlier than 21 days prior, to be removed within 48 hours after event.
- ☐ Other: _____

**Permits will be required for Liquor, Food, Gambling & Fireworks
Event sponsor is responsible for securing all permits.**

Please check box if the following is to be part of your event:

☐ Alcohol ☐ Food ☐ Gambling ☐ Fireworks

Your event may require the purchase of insurance up to \$1,000,000.00 (liability) and \$300,000.00 (property). Copies of insurance agreements, if required, will need to be filed with this application prior to final approval of your event. For further information visit: www.lgit.org/lcu/documents/TULIP.pdf.

Liability Insurance Information (if applicable)
Insurance Provider: _____

Policy Number: _____

Phone: _____

ATTACH
PROOF OF
INSURANCE
WITH
APPLICATION

ACKNOWLEDGEMENT SIGNATURES

Applicant Signature _____ Date _____ Aberdeen Police Department _____ Date _____ City Representative Approval _____ Date _____ City Manager Approval _____ Date _____